

Proposition 39 RFA  
Form 2: Budget Detail

Applicant:

BUDGET LINE #	EXPENSE ITEM	NARRATIVE DETAIL		
1	List job titles of staff working on project	Salaries charged to project	Fringe Benefits charged to project	FTEs
	Totals	\$ -	\$ -	0%
7	Office Supplies -- detail major			
8	Testing/Instructional Materials -- detail major			
9	Equipment Purchases with grant funds -- list, briefly state purpose/need/cost of each item.			
10	Equipment lease/use-charge costs paid with grant funds -- list, briefly state purpose/need/total lease or use-charge cost of each item, total (to equal Budget line 10 entry).			
11	Tools and Supplies (detail per participant cost)			
12	Support Services -- (detail each type of cost, and amount per participant)			
13	Indirect costs -- Provide rate, direct cost(s) to which authorized to be applied, approving cognizant agency and date of approval. Show how total was calculated.			
14	"Other" Costs -- Identify and detail the nature of each such cost to be paid with grant funds.	*Use table below for Line Item 14.		
15	Sub-grants Identify, detail main functions/activities, cost of each sub-grant and timelines of grant agreements.	*Use table below for Line Item 15.		

Line 14: "Other" Costs	Total
Totals	\$0.00

Line 15: Sub-Grants	Total
Totals	\$0.00